

**MONTANA ASBESTOS ABATEMENT
ANNUAL PERMIT APPLICATION**

FACILITY INFORMATION

(Registered Business Name - Please Print)

(Location Address)

(City) (State) (Zip)

(Contact) (Telephone Number)

DEQ USE ONLY

Date Received _____
 Fee Amount Received _____
 Receipt Number _____
 Check Number _____
 Date Approved _____
 Initials _____
 Permit Effective Date _____
 Permit Expiration Date _____

| ACCT | FUND | ORG |
|--------|-------|------|
| 502702 | 02202 | 5135 |

☐ Yes ☐ No Is this an application for amendment to an existing permit?

If yes, please state the requested amendment. _____

Existing Permit Number _____

☐ Yes ☐ No Will employees of the facility be conducting asbestos abatement activities under provisions of this permit? If yes, please attach names, accreditation numbers and expiration dates.

CONTRACTOR INFORMATION

☐ Yes ☐ No Will an outside asbestos abatement contractor be used to conduct asbestos abatement activities under provisions of the permit?

If yes, please provide the following: _____
 (Contractor's Registered Business Name - Please Print)

(Address)

(City) (State) (Zip)

On-Site Contact: _____
 (Contact Name) (Telephone Number)

☐ Yes ☐ No Is clearance air sampling to be provided by the contractor?

☐ Yes ☐ No If yes, is the facility applying for such provision on the permit?

☐ Yes ☐ No If yes, does the facility agree to direct its own health and safety personnel to monitor air-sampling activities to insure proper completion of such as a condition of the permit?

ASBESTOS WASTE TRANSPORTER

(Transporter Name - Please Print)

(Location Address)

(City) (State) (Zip)

(Transporter Contact - Please Print) (Telephone Number)

ASBESTOS DISPOSAL

(State of Montana Landfill - Please Print)

(Location Address)

(City)

(State)

(Zip)

(Telephone Number)

I certify that all work performed pursuant to the authorization of the Asbestos Abatement Project Permit will be performed in accordance with 29 CFR 1926.1101, 40 CFR 763 subpart E, 40 CFR 763.120, 40 CFR 763.121, 40 CFR 763.124, 40 CFR part 61 subpart M, 75-2-501 through 519 MCA, and ARM 17.74.301 through 406. In addition, I hereby certify all asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility.

(Facility Owner's Signature)

(Title)

Tax ID Number

REQUIRED SUBMITTALS

The facility owner shall submit the following annual permit requirements.

1. A general description of the facility or structure.
2. A description of planned asbestos abatement projects to be performed during the year.
3. A list of accredited asbestos worker(s) and contractor/supervisor(s) who will be conducting abatement activities.
4. A copy of the facility's asbestos health and safety program (HASP). The asbestos HASP shall contain the following elements.
 - a. Background information on asbestos.
 - b. Health effects related to asbestos exposure.
 - c. Pre-abatement work activities and considerations.
 - d. Medical Surveillance.
 - e. Establishing the work area.
 - f. Establishing the decontamination unit.
 - g. Controlling asbestos exposure.
 - h. Other safety and health considerations.
 - i. Removal techniques.
 - j. Cleaning the work area.
 - k. Post abatement lockdown.
 - l. Sampling and analytical methods.
 - m. Waste transport.
 - n. Waste disposal.
 - o. Regulations.

ANNUAL PERMIT FEE

\$

(Enclosed Fee)

FEE SCHEDULE

| | |
|-----------------------------|----------|
| Annual Permit | \$850.00 |
| Amendments to Annual Permit | \$300.00 |

Mail to: Montana Department of Environmental Quality
Waste & Underground Tank Management Bureau, Asbestos Control Program
P.O. Box 200901
5210 E. 6th Avenue
Helena MT 59620-0901
Telephone: (406) 444-3490

The time estimated by the department to process and make a determination on a complete Asbestos Abatement Annual Permit Application is 45 working days.

Last Update: February 23, 2005 G:\AWM\Web_Support\Asbestos\ACP_Annual_Permit_App.doc